

Work Order ID 111922***111922***

Page 1

January-27-14 10:08:44 AM

Item ID: D3595-063-450

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rubber Cushion

Stop

NS2

Start Date: 1/27/14 Start Qty: 25.00

25

Cust Item ID:

Required Date: 1/31/14 Req'd Qty: 25.00

25

Customer:

Reference:

Approvals: Process Plan: ML5Date: 14-01-27

Tooling:

Date:

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3595	Rev A								

100

0.00

100

FLOW WATER JET

Waterjet

Memo

0.00

250Jn 14-02-6

FLOW CNC Waterjet

1-Cut as per Dwg D3595 Dwg Rev: A Prog Rev: A 2-
Deburr if necessary

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

250Jn 14-02-6

120

QC8- Inspect parts - second check

0.00

120

QC

Memo

0.00

Quality Control

25ml/14-02-10

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
 Scrap
 Use-as-is
 Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube
 Machining
 Thermoforming
 Large Fab

Crosstube
 Small Fab
 Finishing
 Composite

Water Jet
 Prod. Eng. Coor.
 Rec/Store/Packaging
 Supplier

Engineering
 Quality
 Other

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
		Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
		Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>					
		Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
		Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>					
		Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
		Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
		Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
		Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>							
		Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>							
		Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
		Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							

Work Order ID 111922

January-27-14 10:08:44 AM

111922

Page 2

Item ID: D3595-063-450

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Rubber Cushion

Stop

NS2

Start Date: 1/27/14 Start Qty: 25.00

25

Cust Item ID:

Required Date: 1/31/14 Req'd Qty: 25.00

25

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location:

Y-tube

0.00

Finishing

0.00

25

m 14-02-10

130

Packaging

Packaging

Memo

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

PL 14-02-10

PL 14-02-10

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____
 Part No. _____
 NCR No. _____

DISPOSITION

Rework
Scrap
Use-as-is
Suspected Unapproved

AGAINST DEPARTMENT/PROCESS

Skid-tube
Machining
Thermoforming
Large Fab

Crosstube
Small Fab
Finishing
Composite

Water Jet
Prod. Eng. Coor.
Rec/Store/Packaging
Supplier

Engineering
Quality
Other

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
		Bending	Bend	Folio/Program	Outside Dimensions				Pressure/Forced		
		Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance				Set-up		
		Cracks	Broken/Damage/Defect	Hardware	Part Incorrect				Temperature/Cure		
		Crimp/Kink/Ripple/Wave	Burrs	Inspection Incomplete/Unqualified	Part Lost/Missing				Weld		
		Cuffs	Contamination	Instructions Incomplete/Unclear	Part Moved				Wrong Stock Pulled		
		Crushing	Countersink	Misaligned/off center	Positioned Wrong				Power Loss/Surge		
		Heat Treat	Cut Too Short	Mislabeled	Other						
		Inspection Strip in Tube	Drawing	Misread							
		Marks/Chatter	Drill Holes	Off-set							
		Turning Sequence	Finish	Out of Calibration							
		Wave/Twist in Tube	Fit/Function	Out of Sequence							

Picklist Print

January-27-14 10:08:47 AM

Page 1

Work Order ID: 111922

111922

Parent Item: D3595-063-450

D3595-063-450

Parent Item Name: Rubber Cushion

Start Date: 1/27/14

Required Date: 1/31/14

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP Rev:A New Issue 07-08-07 JLM Verified By:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MNEO80S.125		Purchased		No		100	sf	746.9344	0.0196	1	**	Jn 14-02-0	

MNEO80S 125

NEOPRENE SHEET 0.125

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT052	746.9344	
115916	131.1044	
94539	615.83	94539

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Design															
Doc/Data															
Equip/Tooling															
Handling/Pre															
Material															
Operator															
Offset/Setup															
Process															
Supplier															
Training															
Transport															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General		<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function				<input type="checkbox"/> Folio/Program		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	
				<input type="checkbox"/> Grain											
				<input type="checkbox"/> Hardware											
				<input type="checkbox"/> Inspection Incomplete/Unqualified											
				<input type="checkbox"/> Instructions Incomplete/Unclear											
				<input type="checkbox"/> Misaligned/off center											
				<input type="checkbox"/> Mislabeled											
				<input type="checkbox"/> Misread											
				<input type="checkbox"/> Off-set											
				<input type="checkbox"/> Out of Calibration											
				<input type="checkbox"/> Out of Sequence											

DART AEROSPACE LTD	Work Order:	111922
Description: Rubber Cushion	Part Number:	D3595-063-450
Inspection Dwg: D3595 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

Measured by:	JM	Audited by:	MW	Prototype Approval:	N/A
Date:	14-02-06	Date:	14-02-10	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.01.23	New Issue	KJ/EC/DD	

DQA: _____

Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

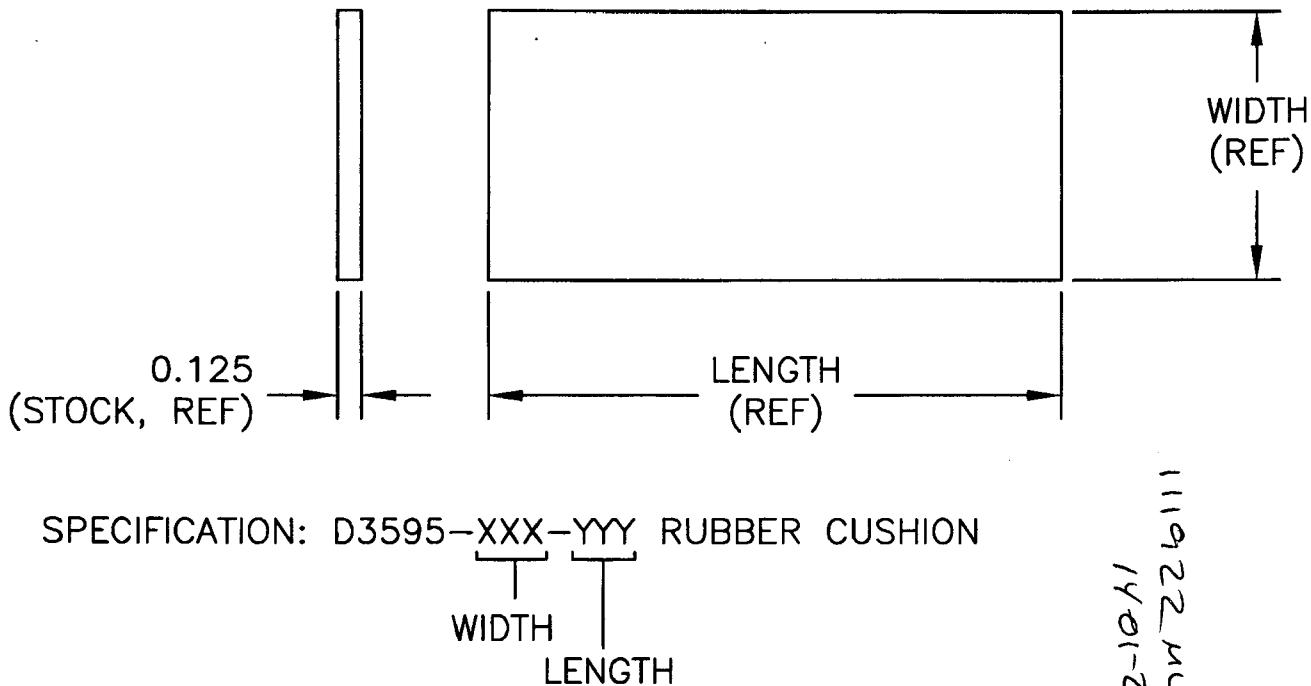
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function							
				<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence							
				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other							

DART

DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>[initials]</i>	APPROVED <i>[initials]</i>	DRAWING NO. D3595	REV. A	SHEET 1 OF 1
DATE 07.02.07		TITLE RUBBER CUSHION	SCALE NTS	
A	07.02.07	NEW ISSUE		

RELEASED07.02.14 *[initials]*

SPECIFICATION CONTROL DRAWING



NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

DQA:

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering Quality Other <input type="checkbox"/>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function				<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>